

# **HEALTH AWARENESS AMONG YOUTH: A CASE STUDY OF TWO DISTRICTS OF SINDH**

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## **ABSTRACT**

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*Youth account for 41.81 percent population of the country. They are facing all kind of problems. The circumstances of youth in Sindh are rather appalling. Although credible data on youth problems is not available, yet youth suicide is common in the province. Given this background, this paper evaluates the availability of health infrastructure and youth awareness about different health problems in two districts of Sindh. The results indicate inadequate health infrastructure and acute lack of knowledge among the youth about health related legislation and health problems. This calls for government intervention in terms of providing improved health infrastructure and health awareness of people of the province.*

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## **INTRODUCTION**

World youth population has 1.8 billion (Kedmey, 2014). Almost 90 percent of youth lives in less developed countries (Kedmey, 2014). The largest population of youth is concentrated in Asia and the Pacific. Asia and Africa houses sixty and fifteen percent of world youth followed by 10 percent in Latin America and Caribbean and the remaining 15 percent in developed countries and regions (Youth and State of the World). As majority of youth come from developing countries, they are facing all kind of problems such as political, economic and social. The global

youth unemployment rate is estimated at 12.6 percent in 2013 (Global Employment Trends for Youth, 2013). This could be due to mismatch between their skills and market requirement which results due to lack of training opportunities and skill development in the countries they live in. Despite the recognition of important role that youth can play in countries' economic development, no practical steps have been taken to secure that. For youth effectiveness in future, they must be made partners in present and should be trained and equipped with skills meeting market requirements.

The person between 15 to 24 years is recognized as young globally (United Nations, 2011). Contrary to global definition, any one between 15 to 29 years is considered youth in Pakistan (National Youth Policy, 2008). Forty percent of Pakistan's population is aged 10–29 years (Keeling, 2014). Figures show that net primary enrollment stand at 57 percent (Ghani, 2014). Only 13-15 percent of the youth are able to complete secondary education. Literacy rate at the age of 10 is 57 percent. Youth unemployment in the country stands at 8.5 percent.<sup>1</sup> 70.7 percent of youth is literate (Azmat, 2014). Only 7 percent of youth enrolls at universities (Achakzai, 2013). Low enrollment at universities speaks about the quality of education given to the youth in the country. Hence their skills do not match with market requirements and are therefore unemployed. This provides evidence that youth problems in Pakistan are similar to problems of youths in other developing countries. They lack

the opportunities necessary for living a better life.

The youth population can play an important role in Pakistan's development if they are given training and quality education. For that to happen, it is important that Pakistan invest larger chunk of budget on socio-economic indicators such as health, education and training. If this is done, Pakistan's rapid economic development is guaranteed. Positive association between human development and sustainable economic growth is a documented fact around the world. Failure to invest in human capital and channeling of youth potential in right direction will have negative effects on socioeconomic and political development of the country. Increased involvement of youth in crime (particularly in Karachi) reflects the failure of government in providing adequate employment opportunities in the country.

Moreover, youth can play an important role in bringing political changes in the country. The largest number of eligible voters in the country is youth. Despite that, the youth in Pakistan is disillusioned with political parti-

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<sup>1</sup><http://data.worldbank.org/indicator/SL.UE.M.1524.ZS>

cipation in general and elections in particular. This disillusionment has been due to poor governance which has failed to deliver and education system which does not include the importance of politics and political participation. Hence, the activation, proper grooming and utilization of youth can play a vital role in strengthening democratic norms and culture in the country. Such a role of youth in the country can be realized by investing heavily in youth education that also includes the importance of politics and political participation.

Youth in Sindh are facing the problems similar to youth in other provinces of the country. It will not be an exaggeration to say that state of youth in Sindh is rather appalling. Governance in the province is second worst to Balochistan. Although there are no specific figures available on youth problems, yet the youth suicide due to lack of employment opportunities has become common in the province. There is widespread illiteracy, absentee teachers and ghost schools. Four universities cover higher education needs of 23 districts which show that achieving higher education is still a dream for major-

ity of the youth of the province. A large number of youth is found involved in heinous crimes in Karachi and upper Sindh. As Pakistan has fallen in Global human development index to 145<sup>th</sup>, Sindh has fallen to 3<sup>rd</sup> in HDI ranking of the provinces.

Given this background, the paper focuses upon health infrastructure and youth awareness of laws enshrining their health rights and their awareness about health issues in two districts namely Sanghar and Tando Allahyar. Human development and opportunities available to youth in Sanghar district are quite low. The industrial base is limited consisting of small and medium enterprises. As a result there is widespread youth unemployment in the district. There are hardly skill development centres which could train youth according to market requirements. Apart from Taluka Khipro and Sangahr, rest of the district is agrarian. There is widespread illiteracy. The district literacy rate is 31 percent. Health facilities are also in acute shortage and available health infrastructure is enough to cover only 13 percent of the district population.

Tando Allahyar district also portrays more or less the same picture. The district literacy rate is 47 percent. 60 percent of the male and 32 percent of females are literate. Health and education facilities are short in supply. Available health facilities cover 13 percent of the district population. Agriculture followed by small and medium sized Industries is the major source of livelihood for majority of the people. Mehran Sugar Mill is only the largest industrial unit in the district. Although there is no specific figure available on youth unemployment, yet on the basis of absence of strong industrial base, widespread youth unemployment in the district can be concluded. Given such deplorable conditions faced by youth, the paper focuses upon available health infrastructure and youth awareness of their health rights enshrined in the laws of the country and their awareness of health issues in the target districts.

Rest of the paper proceeds as: following section discusses methodology. Key findings of the study are given in section 3 and conclusion and policy recommendations are given in section.

## **Methodology**

The study is conducted by employing both qualitative and quantitative methods. The qualitative methods included Focal Group Discussion (FGDs), Key Informant Interviews (KIIs) and individual interviews. There were 18 FGDs two in each Taluka, six key informant interviews three in each district and 270 individual interviews, thirty from each Taluka. Separate questionnaire was developed for each of three categories participants. In total 145 males and 125 females were interviewed. The FGDs were conducted with relevant stakeholders to know their knowledge about youth health issues in the target districts. The secondary sources were also sniffed through for gathering information on youth health issues, number of health services, number of trained medics and available infrastructure in the targeted district.

## **Key Findings**

There is an acute shortage of health facilities in both districts. World Health Organization recommends 2 health facilities and 25 beds per 10000 people. Based on this criterion, available health

infrastructure is just enough to cover 13 percent population of each district.<sup>2</sup> There are 91 and 23 health facilities in Sanghar and Tando Allahyar districts respectively. Table-1 shows details about available health infrastructure in each target district.

**Table-1**  
**District Health Facilities**

Facility	Tando Allahyar	Sanghar
District Headquarter Hospital (DHQ)	1	1
Taluka Headquarter Hospital (THQ)	2	5
Basic Health Unit (BHU)	11	58
Mother & Child Healthcare Centre (MCHC)	3	1
Rural Health Centre (RCH)	3	6
Dispensary	3	20
<b>Total</b>	<b>23</b>	<b>91</b>

The government health facilities are providing services to the communities yet the delivery of service is poor due to lack of infrastructure and equipment. Government health facilities including District and Taluka hospitals

provide testing and diagnosis, operation, family planning & counseling, medicines and contraceptives. The de-mand for male reproductive health facilities is lower than females. Marie Stopes along with government health department are working on family planning and reproductive health in the target district. The health officials were totally unaware of actual budget of their health facilities. They were also unaware of preventive health budget. However, all interviewed health officials were unanimous that there was no separate budget for youth in any of these facilities even in the health department. Health officials told that there is a large number of drug addicts although they lacked accurate data about them. Drug addicts included both genders. Majority of the people are addict to smoking and Ghutka. The major causes of drug addiction included unemployment, financial distress, social issues and lack of awareness. There is no rehabilitation centre for drug addicts in both districts therefore, majority of drug addicts are referred to centres in other cities like, Benazirabad, Hyderabad and Karachi. Hepatitis in all its forms followed by

<sup>2</sup>Pakistan Emergency Situation Analysis(PESA), District TandoAllahyar

malaria and typhoid is a common health issue in both districts. Stomach issues are most common among the male youth of both districts. Early marriages and reproductive health are the pressing issues facing young women of the area.

The information gathered from focal group discussions show that hepatitis in all its forms, water borne diseases and drug addiction are common health issues facing youth in both districts. FGDs confirmed second health problem identified through KIIs with government health officials of both districts. Contrary to KIIs, FGDs found drug addiction third most pressing health issue in both districts. However, individual interviews conducted from both genders validated the severity of the problem. Women were found addicted to smoking Ghutka and Manpuri. Major factors responsible for pressing health issues in target district are lack of health infrastructure and unawareness of nature and causes of health problems and their prevention. Majority of the FGDs (11 FGDs) agreed that government provided hepatitis vaccination, tuberculosis treatment and routine

child vaccination. However, the delivery of these services is extremely poor. Government provided vaccines lacked quality and have negative effects as they are procured from pirated companies. Family planning centres are available in both districts. However, community is not satisfied with delivery of their services. Also health facilities lacked qualified staff and relevant machinery.

Youth awareness about their health was measured on Likert scale. 1 denoted most aware and 5 denoted totally unaware. Fifty percent of the FGDs told that they are fully aware of health issues. Rest of the population was totally unaware of health problems. All FGDs identified sizeable number of drug addicts in every union council. However, they lacked accurate data on drug addicts in each UC. Almost 54 percent of addicts are in smoking category followed by 19 percent alcoholic. Tharo is widely consumed alcohol and is locally produced. Although it is cheaper yet it causes lot of disease and casualties each year. Only four FGD participants knew about health laws and told that sale of drugs to youths below 18

years and smoking in public is prohibited. As far as youth related legislation is concerned, majority of youth community was unaware about it.

Individuals totaling 270 were also asked about different aspects of their health. 62 percent of the respondents ranked their health good and 3 percent ranked their health poor. 15 percent ranked their health bad and 19 percent ranked their health average. 91 percent of the respondents did not smoke and 60 percent respondents were habitual to other addictions such as Ghutka, Pan, Manpuri and Sopari. 69 percent of male and 94 percent of female respondents do not exercise. Based on the available data it is concluded that 81 percent of the youth do not exercise. Percentage of females not exercising is quite high and stands at 94 percent. Further, 61.94 percent of youth do not play any game. The people who do sport, majority of them play cricket. None of the respondents goes to gym for physical exercise. This may be due to absence of such facilities in their areas. Other reason could be the affiliation of majority of the people with agricultural sector. Since

they spend most of their time working on fields so they do not feel urge to go to gym for physical exercise.

There is an acute shortage of infrastructure for physical exercise in target districts. 78 percent of the respondents told that the available recreational infrastructure in their areas is not enough to facilitate the entire youth. There is total lack of precautionary visit to doctors. The visit to doctor is need based – that they visit the doctor when they are faced with some medical condition. Equal number of both gender respondents (which is 21 percent) face breathing problem after some physical exercise. For 53 percent respondents, access to nearest health facility is not easy. Disaggregated data shows that 53 percent female and 52 percent male faced difficulty in accessing nearest health facility. Access to qualified medic is also difficult to majority of the respondents. As far as instant medical treatment is concern, only 33 percent respondents' response was in affirmative. However, the satisfaction with the way medic examined patient is quite high in females (66 percent) than males (57 percent). Only 34 percent of the

respondents agreed with the provision of free medicines in government health facilities. Majority of the respondents (54 percent) were not satisfied with attitude of medics at government hospitals. However, satisfaction with medics' attitude towards their patients is quite high among female respondents (54 percent) than among their male counterparts (38 percent).

Awareness about reproductive health among the youth of target district is quite low. Only 34 percent of the respondents were aware of sexually transmitted diseases (STDs). There is total unawareness about the precautionary measures necessary for avoiding STDs. Only 27 percent of the respondents knew precautionary measures to be taken for avoiding sexual diseases. Disaggregated data shows that 40 percent of male respondents and 14 percent of female respondents knew about precautionary measures. 53 percent of the respondents recommended use of condoms, 7 percent suggested not using used syringes, and 40 percent respondents recommended faithfulness to life partners for avoiding the spread of STDs. The gathered data

further reveals that television followed by internet; radio and print media are the major sources of information on STDs for the youth of the target districts.

Information gathered on women specific health problems show that almost 57 percent of women were totally unaware of basic health principles. Drinking boiled water, self-hygiene, clean environment and fresh food were cited as important basic health principles by those who were aware of them. Also majority of the women (69 percent) were unaware of screening test required for pregnant women. The women who were aware of important screening test told that a pregnant woman should undertake ultrasound, urine and blood test. Also majority of the women did not know about the important symptoms that a pregnant woman should not ignore. Only twenty female respondents cited fever, lack of blood, laziness, vomiting and weakness as major symptoms for pregnant woman not to ignore. Majority of the female respondents (91 percent) did not consider birth control pills safe.



There was almost total unawareness among female respondents about health rights enshrined in the Pakistan constitution. Only tiny part of respondents knew the laws federal and provincial government has implemented over a time. However, they were unable to name these laws. Only 15 respondents were of the opinion that government has taken effective measures for implementing health related laws. Basic health, basic education, human rights availability of doctors in hospitals on time and clean and fresh food were cited as health laws. Only 23 respondents said that they took active part in the implementation of health laws by participating in health related campaigns and by writing in print media on health issues. On violation of health laws in public, majority of the respondents only showed their displeasure. They did not forbid or informed the relevant authorities about such violations.

Preventive health is important component of health safety in any country. Government spending on preventive health play important role in the buildup of healthy society. Sixty five percent of the respondents considered

government spending on preventive health inadequate. The same number of respondents was satisfied about the effectiveness of government preventive health measures. Awareness about the screening tests government has conducted during a year in target districts was also low among the respondents. Only 12 percent of the respondents told that they knew that the government conducted screening tests and only one respondent participated in them. About the availability of screening facilities in their areas only 102 respondents response was affirmative. According to them, the available screening facilities in the target districts included X-ray, ultrasound, pregnancy and Hepatitis diagnostic tests. X-ray and ultrasound are quite often used screening facilities by male and female respondents.

### **Conclusion and Policy Recommendations:**

This paper evaluated the availability of health infrastructure and youth awareness about health rights enshrined in the Pakistan constitution and different health problems they are faced with in two districts of Sindh. Both qualitative and quantitative

methods were employed in the conduct of the study. The qualitative methods included Focal Group Discussion (FGDs), Key Informant Interviews (KIIs) and individual interviews. The quantitative method included secondary sources of information on youth health issues, number of health services, number of trained medics and available infrastructure in the targeted district.

The results indicate acute shortage of health facilities in the target districts. Keeping in view World Health Organization criterion for health facilities, the available health infrastructure is just enough to cover thirteen percent of the population in each target district. Although the government health facilities are providing health services yet the delivery of services is poor. Despite large number of drug addicts, there are no rehabilitation centres in both districts and the addicts are referred to other cities for rehabilitation. There is total unawareness among the health officials regarding the health budget. People of the target districts also do not know anything about their health rights guaranteed to them under different laws passed by relevant authorities over a time.

Hepatitis in all its form along with water born diseases and drug addiction are common diseases in both districts. Also there is lack of awareness among youth about all kinds of health issues they are facing and preventive steps to be taken for avoiding them. Majority of the people in both districts are associated with agriculture and therefore, do not go to gym for physical exercise. Also visit to doctors are need based instead for routine checkups.

Based on findings of the paper, government should take following steps for increasing awareness of youth about their health issues and satisfaction with the delivery of health services in the province:

- (a) All medical staff at government health facilities should be appointed on merit. Their presence in respective health facilities on time should also be ensured.
- (b) Government should provide access to safe and clean drinking water for avoiding water born diseases.
- (c) Hepatitis in all its form is found most common in both districts. It is therefore neces-

- sary that government should administer free vaccine in the target districts.
- (d) The government should initiate awareness campaigns through print and electronic media to raise peoples' awareness about their health issues and health rights enshrined in different laws passed by concerned authorities over a time
  - (e) Eradicate corruption and discourage use of drugs.
  - (f) The respectable and most influential people in the society should be mobilized and requested to play their role in eradicating health issues facing the people.
  - (g) Government should also provide recreational facilities to the youth of the province.

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